



November 1, 2021

The Honorable Senator Ron Wyden, Chairman  
U.S. Senate  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Senator Mike Crapo, Ranking  
Member  
U.S. Senate  
239 Dirksen Senate Building  
Washington, DC 20510

Dear Senators,

I am pleased to share Unite Us' response to the U.S. Senate Committee on Finance's Request for Information (RFI) on Behavioral Health. Unite Us supports this effort to better understand challenges in the behavioral health field and your willingness to explore solutions to those challenges. Our RFI response includes answers to select questions where we can offer a unique perspective based on our experience building coordinated care networks.

**To facilitate better behavioral health access, coordination and integration, Unite Us recommends providing funding for behavioral health providers to participate in coordinated care networks that connect clients, physical health, behavioral health, government agencies and social service providers.**

Founded in 2013, Unite Us is a technology company that connects health and social care through innovative communications software, interactive datasets, and an on-the-ground, community-centered approach. Through our coordinated care networks, Unite Us seeks to increase equitable access to health and social services, address the fragmentation of services that makes our health and social systems challenging to navigate, and confront barriers to health equity such as poverty, lack of access, racism, and discrimination. Our diverse range of stakeholders include community based organizations, health plans, health systems, hospitals, and government entities and public programs. Unite Us has successfully built and scaled coordinated care networks in 42 states across the country, including North Carolina, Oklahoma, Illinois, Virginia, California, and New York.

Unite Us recently expanded its data and analytics capabilities through the acquisition of Carrot Health, the nation's leading Social Determinants of Health (SDoH) data firm. The Carrot MarketView® platform incorporates social, behavioral, environmental, and economic barriers to health data to deliver a complete view of the client, providing actionable insights on interventions that will improve health outcomes.

Please contact me with any questions. We look forward to continued dialogue with you on these important issues and hope to have the opportunity to meet with your staff soon.

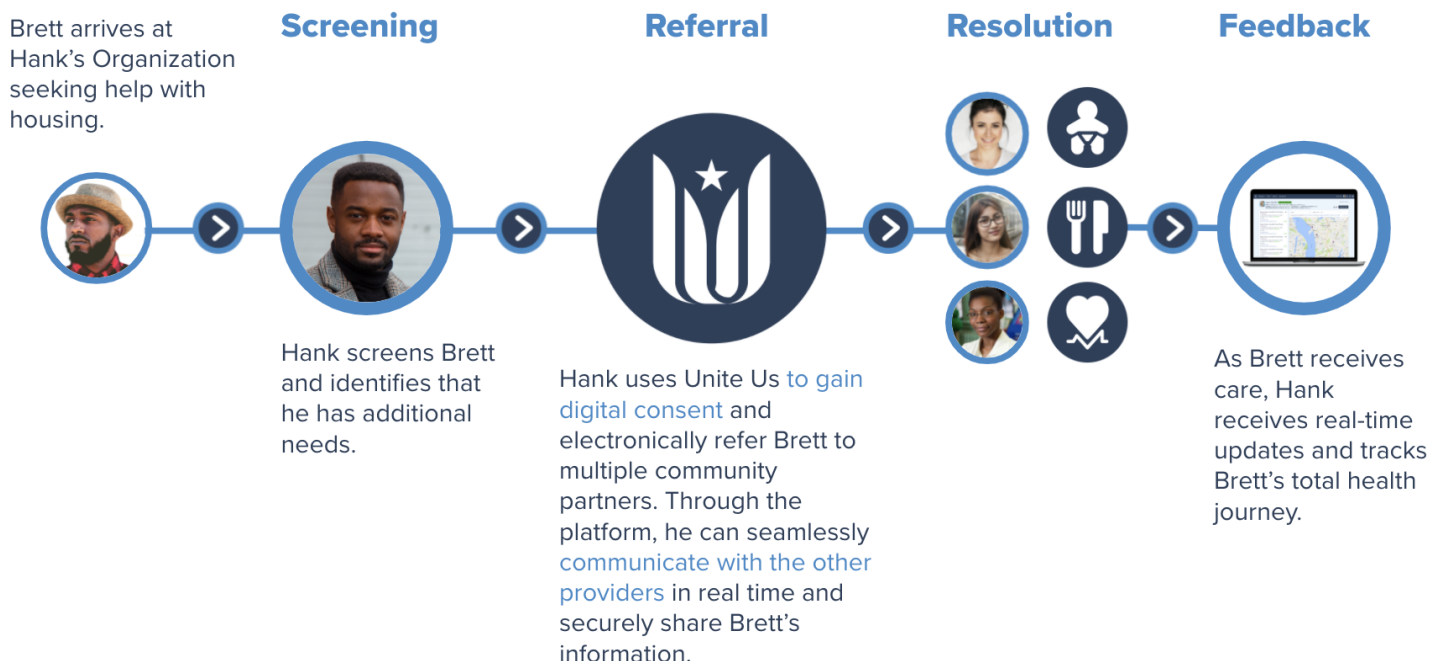
Sincerely,

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cc: Members of the United State Senate Committee on Finance

## Unite Us Connects Clients to Behavioral Health Care

Unite Us provides the only end-to-end social care solution poised to take full advantage of changes in the approach to the current gap in accessing behavioral health services. Our platform supports secure, bidirectional data-sharing; screening for unmet social needs; tracking a person's care journey through closed-loop referrals; and a culturally-sensitive community engagement process. Unite Us has created our platform to provide true closed-loop referral functionality. This means we prove a member received a defined service not just that they received information on providers or a few community resources.



Unite Us's technology facilitates behavioral health coordination in many state networks, including:

- Colorado: Mental Health Center of Denver (MHCD) bridges co-occurring mental health and unmet social and physical health needs through care coordination. MHCD has seen the direct, positive impact of using Unite Us' technology infrastructure:** "Our staff are excited about using the Unite Us Platform because we're seeing results. One staff member was working with a client that we serve and they were able to get them resources within 24 hours. That's usually unheard of in other systems and those are the type of results that we want to see that meets our driving need of getting access to care for the people that we serve." – Alires Almon, Director of Innovation at MHCD.
- Virginia: Virginia Mental Health Access Program (VMAP) connects children and adolescents to mental health services across the state:** "By becoming a part of the Unite Virginia network, VMAP is able to increase access to necessary mental health care services for Virginia providers and their pediatric patients. The Unite Us Platform is a huge step towards meeting VMAP's mission of helping health care providers take better care of children and adolescents with mental health conditions. We are so excited to be a part of this important program and look forward to seeing the Unite Virginia network support not only providers using VMAP, but also the greater Virginia health care community at large." – Ally Singer Wright, Program Director at VMAP.

- **North Carolina:** Unite Us began building a coordinated care network in 2019 and the network was statewide by the end of 2020. The network showed a significant increase in volume of mental and behavioral health service episodes from 2019 to 2020. In 2021, the North Carolina network surpassed 2020's volume of mental and behavioral health service episodes by the end of the third quarter. 1.9 times more mental and behavioral health services episodes were resolved in 2020 versus 2019 and this number of mental and behavioral health service episodes resolved stayed relatively steady in 2021.

## Strengthening Workforce

***What barriers, particularly with respect to the physician and non-physician workforce, prevent patients from accessing needed behavioral health care services?***

Barriers that prevent patients from accessing needed behavioral health services include:

- **Adverse structural and social determinants of health that co-occur with clinical needs**
  - These determinants may include transportation, provider shortages, social or cultural stigma, costs, employment status, and built environments that make accessing care more difficult. The populations most in need of behavioral health services also tend to be the populations least likely to interact with a behavioral health clinic or feel comfortable raising mental or behavioral health issues in a traditional health care setting.
    - Historically, the US health system has prioritized clinical care coordination and done too little to connect health and social care. A platform like Unite Us that coordinates health and social care services in order to address individual needs in a holistic manner — regardless of whether the needs are related to health, human, or social services — can help reduce barriers.
- **Providers losing visibility of patients after discharge or once they leave the office**
  - Once a patient leaves the office or hospital, it can seem like they are alone in following referrals and treatment plans. The patient may feel overwhelmed and isolated which makes it more difficult to access services.
    - To overcome these barriers, Unite Us recommends focusing on community-centered care. Community-centered care not only provides easier access to these populations, it also makes early identification and treatment of unmet needs possible, so people can receive treatment before more serious behavioral health conditions develop. It harnesses familiar community-based resources to meet the patient where they are, facilitating access and tracking referrals so providers can know the patient's needs are addressed.
- **Care silos**
  - Often care can be siloed, creating barriers between physical, behavioral and social care. This can make it difficult for patients experiencing multiple co-occurring diagnoses to get the care they need. The Unite Us network allows for a “no wrong door” approach to connect people with the services they need.

## Increasing Integration, Coordination and Access to Care

### *What are the best practices for integrating behavioral health with primary care?*

Integrating behavioral health with primary care faces many challenges, including securing buy-in from all team members, building integrated workflows, complexity of transformation, and limited or inconsistent funding for integration<sup>1</sup>.

Best practices for overcoming these barriers include practicing team-based care with clear roles and responsibilities for each team member and creating a collaborative culture that emphasizes practitioner buy-in and alignment with common goals. Other strategies to overcoming barriers include having a ‘no wrong door’ approach, where patients with co-occurring medical and behavioral health needs have multiple avenues to access care.

Unite Us’s technology can help facilitate a ‘no wrong door’ approach because it allows for assessments and referrals at various points of interaction with the patient. Most importantly, it allows the client’s care journey to begin through a trusted relationship of the client’s choosing. By identifying and engaging with a wide range of credible messengers, Unite Us builds trust, removes traditional barriers, and creates new entry points for community members to access previously underutilized resources



<sup>1</sup> <https://www.ncqa.org/behavioral-health-resource-guide/>

***What programs, policies, data or technology are needed to improve patient transitions between levels of care and providers?***

Care transitions require close coordination and communication between providers, patients, and caregivers. There is not one specific program or policy that can be implemented to ensure perfect coordination. A strong technology backing can enable providers, partners, and patients to communicate effectively, reduce care delays, and share information leading to better care coordination. **Overall, there should be consistent policies on use of technology, interoperability, referral tracking, multi-directional information sharing and billing/payments to facilitate communication and integration.**

### **Recommendations for Technology to Facilitate Care Coordination**

The Unite Us end-to-end solution can improve access, coordination and integration to behavioral health and social care. Unite Us recommends requiring these key features for any social care referral platform to deliver positive outcomes and keep patient data safe, including:

- **A Master Person Index (MPI)** to ensure that no duplicate records are captured, and to effectively track each person's total care journey (across all health, human, and social services).
- Supporting **modern interoperability standards such as the FHIR standard** (Fast Healthcare Interoperability Resources) to allow users to access information and functionalities from other systems.
- Secure systems that require a **patient consent-driven permissions engine** requiring actual digital signatures.
- Compliance with **HIPAA, Security and Data Storage Standards, and Breach and Enforcement Rules.**
- **A community-based team** assisting organizations and providers with onboarding and training.
- Ability to evaluate individuals and **predict level of overall social need.**
- **Standardized screening tools** that can assess non-medical needs.
- Search function for **social services based on service type** (i.e., employment, transportation).
- Ability to determine if the Community Based Organization (CBO) has **accepted or rejected the referral and re-route the referral if rejected.**
- **Multi-directional data sharing**, so all providers can track outcomes and progress.
- Defined **network performance standards** that include time to referral acceptance and time to service provided.
- A payment process that can **track funds and invoice for social services.**
- Proven ability to capture **structured, intervention-level social care outcomes data** at scale.

***What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?***

Research around Social Determinants of Health (SDoH) shows that 80% of a person's health has to do with what happens outside the clinical setting—where they live, eat, work, play, and pray. For example, there are vast differences in rural vs urban mortality, with rural communities experiencing higher death rates due to chronic conditions, substance use, reduced access to care from hospitals closing, and other social determinants<sup>2</sup>.

Policies around creation of coordinated care networks have the potential to help ensure equitable access to and quality of care for minority populations and geographically underserved communities. Care coordination can be simplified through the required use of a common SDoH referral platform that connects government agencies, health plans and hospital systems, and community-based providers while also supporting secure, bidirectional data-sharing; screening for unmet social needs; and providing closed-loop referrals.

Connecting people to social care helps address mental health by facilitating early and proactive care through screening for the social determinants of health, bringing together trusted and local community providers, and empowering communities with data and outcomes tracking that can identify resource gaps and disparities. This is particularly effective in underserved communities such as rural areas because there are often limited clinical providers and social services can fill the gap in care.

In addition, requiring clear, standardized data fields that capture the diversity of the United States is an important basis for ensuring equitable access to care. Given the vast diversity of the U.S. population, Unite Us recommends policies for collecting standardized data fields that accurately reflect individual's experiences.

The nuanced experiences of different communities can be obscured by broad racial categories and poor distinctions between sexual and gender identities. Broad categories also limit full visibility, inclusion, and understanding of disparities within larger populations.

Creating more specific categories can reduce confusion in health surveys, afford individuals a greater sense of respect, better capture critical health and social care information pertaining to 'hard to reach populations' such as sexual and gender minorities, and generate greater buy-in and willingness to participate in data collection efforts. Policies like [REALD](#) in Oregon strive to capture these key pieces of demographic data to best understand and serve their communities.

Health equity work requires a dual focus on both increasing access to opportunities and removing obstacles. In order to reduce disparities, partners have to be able to measure inequities and have strong data to inform decisions. Inequities persist because of targeted disinvestments so targeted investments have to be part of any solution. Coordinated care networks are targeted investments that help build health equity.

***How can crisis intervention models, like CAHOOTS, help connect people to more coordinated and accessible systems of care as well as wraparound services?***

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<sup>2</sup> <https://jamanetwork.com/journals/jama/article-abstract/2780628?applied=web>

When models like CAHOOTS are part of a coordinated health and social care network, they have the ability to intervene in crisis moments and also help individuals get connected to care once the crisis is over. Being able to help people in crisis get connected to the health and social care that they need is a necessary part of helping them through their current crisis and in preventing future crises. Overall, better networks of coordinated health and social care can reduce the total number of crises that would require interventions like CAHOOTS because, at least part of the time, having health and social care in place means interventions are made before matters get to the crisis point. In the long run, all communities can benefit from better health and social care and fewer crises.

### ***How can providers and health plans help connect people to key non-clinical services and supports that maintain or enhance behavioral health?***

Social and economic determinants significantly impact behavioral health and behavioral health can impact social and economic statuses<sup>3</sup>. For example, behavioral health issues can lead to reduced opportunities for income and employment, which in turn can increase the risk of developing a behavioral health issue. If an individual does not have a safe residence or is chronically hungry, it becomes more complicated to address mental or behavioral health diagnoses. Being unhoused, for example, is highly correlated with trauma, psychiatric distress, and substance abuse.

Coordinated care networks can connect patients to non-clinical services and supports which are vital to physical, social and emotional health. As SDoH research shows, the conditions in which people are born, grow, live, work, and play have a tremendous impact on their long term physical and mental health. Social care networks allow providers to seamlessly connect patients to community-based services, so they can address their basic needs and help facilitate a stable environment to treat physical and behavioral health.

A coordinated care network that focuses on SDoH, as the Unite Us platform does, can:

- Extend reach and impact by closing social care gaps.
- Deliver whole person care to improve clinical outcomes.
- Improve patient experience, personal health and wellbeing.
- Enhance community health performance, including local health systems.
- Improve community health and innovations.

Unite Us believes that coordinated networks of healthcare, behavioral health, and social services will improve health outcomes across the country. Because we understand that behavioral health is as important as physical health, we have ensured that our software is built to support behavioral health providers and is compliant with all necessary security and privacy standards and laws.

## **Conclusion**

In conclusion, Unite Us thanks the Senate Finance Committee for the opportunity to provide information on behavioral health care. Unite Us strongly supports policies and payment arrangements that incentivize integrated, whole-person care that includes physical, behavioral, and social needs. Unite Us recommends providing funding for behavioral health providers to participate in coordinated care networks to improve patients' access to behavioral health and social care.

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<sup>3</sup> Social Determinants of Mental Health. WHO.

[https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809\\_eng.pdf;jsessionid=ECEE0097062](https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=ECEE0097062)